CSNT 2026 Assistance Application Requirements

Applications Must Be Complete

- **Include ALL required documents.**
- **Older versions of the Assistance Application will NOT be accepted.**
- **CSNT will make one attempt to contact you for missing documents.**

Required Documents

- **Current ID for all household members 18+**
- **Birth Certificates for all household members**
- **Social Security Cards for all household members**
- **Income verification for 30 days prior to application date (Example: If app date is 8/26/25, provide pay stubs from 7/27/25–8/25/25)**
- **Other income forms: Unemployment, Child Support, CSNT Employer Verification**
- **Current Electric, Gas and or Propane bill.**
- **2026 Award Letters: Social Security / SSI, Veterans Income, Retirement Income, TANF**
- **Food Stamp (SNAP) Letter**
- **DIS Form for anyone 18+ with no income**
- **Signed Forms: Second page, SAVE Form, DIS Form**
- **Sign & date all required areas on the application. Do not leave blanks.**

Submit Applications

- **Email: CustomerService@csntexas.org**
- **Fax: 903-205-3092**
- **Mail: P.O. Box 1198, Mount Pleasant, TX 75456**
- **In Person: 1506 W Ferguson Rd, Mount Pleasant, TX 75455**

Processing & Status

- **Wait 90 days before calling to check status.**
- **Updates sent to the mailing address on your application.**
- **Limit calls to once per month to avoid delays.**

Date Received:	Completed Date:	Disconnect Received:	Crisis?
By:	By:	By:	VUL?

FORM 575 P =CSNT 2026

Community Services of Northeast Texas, Inc.

1506 W. Ferguson Rd ·
P.O. Box 1198 Mount Pleasant Texas 75456

Assistance Application

Applicant Last Name	Applicant First Name	Date	County	
Physical Address	City	State	Zip	
Mailing Address (if different)	City	State	Zip	
Email	Home Phone	Work Phone	Cell Phone	

ALL FIELDS MUST BE COMPLETED FOR EACH HOUSEHOLD MEMBER

Instructions: **Relationship**: Son, Daughter, Brother, Spouse, Father, etc **Gender**: *Choose from* Male or Female.
Work status: Yes or No

First & Last Name	Relationship to you	Social Security #	Date of Birth	Male or Female	Veteran or Active Military	Is this person Disabled	Work status (18 yrs. or older)
EXAMPLE --- (JANE DOE)	**(SISTER)**	**123-45-6789**	**1-1-2001**	**MALE**	**VETERAN**	**YES or No**	**YES or No**
1	**SELF**						
2							
3							
4							
5							

HOUSEHOLD MEMBERS ABOVE PLEASE CHECK EVERY BOX ***(OR YOUR APPLICATION MIGHT NOT BE ACCEPTED)*** **Insurance source:** ***Choose from*:** Private, Employer, Medicaid, Medicare, Military, CHIPS**,** none **Race**: *Choose from* White, Black, Asian, Native, *or other*
Ethnicity: ***Choose from*** Hispanic or Non-Hispanic

Person above Name in order	What race is this person	Ethnicity of this person:	What kind of Insurance does this person have?	What level of education does this person have?
1 (SELF)				
2				
3				
4				
5				

Please use another sheet of paper if more than five are in the household and provide all their information

All Boxes Need to be Checked or Your application could be closed and you will have to reapply.

How did you hear about this program?	Have you ever been incarcerated? □Yes □ No	If yes how long? □ 1 yr or less □ More than 1 yr	Are you currently homeless? □ Yes □No
Previous incarceration does not disqualify services.			

Certification

1. The information provided is true and correct to the best of my knowledge and belief.
2. My household income has been annualized at the time of application according to pre-established procedures.
3. I understand I may appeal a denial of eligibility, and amount of assistance received, or a delay in service delivery.
4. I authorize the Texas Department of Housing and Community Affairs (TDHCA) and its contracted agencies to solicit or verify information on my utility and/or fuel bills, both past and future to the extent the information is used only to provide data relevant to my application for assistance.
5. I am aware that I am subject to prosecution for providing false, misleading, or fraudulent information

Standard Information Release

I hereby give my permission to Community Services of Northeast Texas, Inc for the following, and do affirm the stated understandings:

· CSNT may obtain information to complete my application for assistance or services
· CSNT may share necessary information with other individuals or organizations in order to provide case management services and/or secure resources on my behalf. I understand information will only be shared when necessary to meet the requirements of my established service plan.
· CSNT may use my success story, likeness, recording, both audio and video in public relations efforts, and may share same with other entities with or without personal identifying information when doing so shall be for the good of improving community development.
· I understand CSNT may use my likeness and/or success story in releasing annual report information to State and Federal entities, and in doing so, will assure that personal identifying information will be redacted
· I understand I am not entitled to any compensation for any use of my story or likeness.
· I will continue to provide income information for Case Management reasons for as long as necessary for CSNT to release me from any Self-Sufficiency Program in which I am enrolled.

Disability Certification Form

Name of the Person(s) with Disability: 1. 2. 3.

I hereby certify that this person or persons are disabled as defined in one of the following:

- **7(9) of the Rehabilitation Act of 1973**
- **1614 (a) (3) (A) or 223 (D) (1) of the Social Security Act**
- **102 (7) of the Developmental Disabilities Services and Facilities Construction Act (38 USC Chapter 11 or 15)**
- **☐ No one is disabled in the household** • **☐ I receive benefits as a result of my disability.**
- **☐ I do not receive benefits as a result of my disability.**
- **☐ I do not receive benefits as a result of my disability, but I have applied for benefits.**

Under penalty of perjury, I have provided truthful information in this certification. In Texas, under Sec. 37.101 of the PENAL CODE, it is a felony of the third degree to falsify this document.

Applicant Signature: Date:

For Office Use Only

***Eligible? Yes No If no, has applicant requested an appeal? Yes, No * Income denial? Yes No**
If yes, what is the annualized income? *Is there a priority member in the household? Elderly Elderly/Disabled
Documented crisis Disabled Child Under 6 Cutoff notice
***Recommended Utility Assistance Component: HCC UA Other**

Case Manager Signature: Date:

Wages and Benefit Source Information

Household members listed on page 1: **Name**	**Income Source** please write all that apply: Wages, SSI, RSDI, Social Security, VA benefits, Unemployment, TANF, Child Support, Child SSI	**How often are you paid?** Weekly, Bi-weekly, Monthly, Semi-Monthly	**What is the Monthly Gross Income** you received for this income source?	**Do you receive Food Stamps,**
1.(Self)				
2.				
3.				
4.				
5.				

I certify that the above information is true and correct to the best of my knowledge and belief.
I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information.

Housing Information

This home is: □ Owned or □ Rented	**Type of home:** □ House □ Apartment □ Mobile Home □ Other		**How much do you pay monthly?**
Landlord name:	Phone Number		
Landlord's address:	**City:**	**State:**	**Zip code:**

Is there any subsidy for the housing: □ No □ Section 8 □ HUD □ Public Housing □ Other

Are utilities included in the rent □ Yes □ No **Is there a utility allowance received?** □ Yes □ No

How are the Cooling/heating bills paid? □ To Utility Company □ To Landlord □ In the rent payment

How is this home heated? □ Central Heat □ Space heater □ Wood □ Window Unit □ Other devices

How is this home cooled? □ Central Air □ Window Unit □ Box Fans □ Ceiling Fans □ Other devices

How do you heat your water? □ Gas □ Propane □ Electric **What do you cook with?** □ Gas □ Propane □ Electric

Utility Provider	**Account Number**	**Account Holder's Name –** If not in your name the vendor might not take the pledge.
Electric Company		
Gas Company		
Propane Company		

If you change Utility Companies, your pledge is <u>Not Guaranteed</u> to transfer: It is your responsibility to pay your bill.

Has this home ever received services from Weatherization Program: □ No □ **Yes** **If yes what year**

DECLARATION OF INCOME STATEMENT (DIS)
(DECLARACION DE INGRESOS)

Applicant Name (Nombre del Solicitante)	Applicant Last Name (Apellido)	Suffix (Sufijo)
Address (Dirección)	City (Ciudad)	Zip Code (Código Postal)

State the gross income for household members, 18 years and older, who have no documentation of the income received in the **30 day period** prior to the date of application for assistance: *(Declarar el ingreso recibido por los miembros de su hogar, que tienen 18 años de edad ó mas, y que no tienen documentación de ingresos por los 30 dias antes del aplicar para asistencia)*

Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)

My household has no documented proof of income due to the following situation *(Mi hogar no tiene prueba para documentar los ingresos por medio de tal razones):*

_____

_____

I certify that the above information is true and correct to the best of my knowledge and belief. *(Yo certifico que la información proveida de los ingresos es verdadera y correcta según mi saber y creencia.)*

I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information. *(Comprendo que la información será verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveido información falsa ó fraudulenta.)*

_____ _____

(Applicant Signature/Firma del Solicitante) *(Date/Fecha)*

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

Household Status VerificationForm

Applicant Certification Form for all applicable TDHCA programs

The program for which you are applying requires verification that you are a U.S. citizen, U.S. national, or qualified alien of the United States. Documentation of your status is required. This agency uses the Systematic Alien Verification for Entitlements (SAVE) System to verify the status of non-citizens.

Household Member Name	U.S. Citizen (Born or Naturalized) or U.S. National (Yes/No)	Qualified Alien (Yes/No)	Documentation Provided for:	
			Citizenship	Identification

To add additional household members, use another copy of this form.

I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.		
Applicant's Signature		Date
Signature of agency staff certifying they verified the above documents	Print Staff Name	Date

Updated November 2025
Previous Versions Obsolete